



1621

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Patent Number	09/864,756	
	Issue Date	August 20, 2002	
	First Named Inventor	McConville, et al.	
	Group Art Unit	1621	
	Examiner Name	Shaver, Paul F.	
Total Number of Pages in This Submission	63	Attorney Docket Number	1999U019D1.US

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ENCLOSURES (check all that apply)

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|--|---|--|
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Assignment Papers (for an Application) | <input type="checkbox"/> After Allowance Communication to Group |
| <input checked="" type="checkbox"/> Preliminary Amendment / Response
Response to Office Action dated 07/02/02 | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> To Convert a Provisional Application | <input type="checkbox"/> Certificate of Correction |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input checked="" type="checkbox"/> Additional Enclosure(s)
(please identify below): |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Terminal Disclaimer | 1. Copy of previously submitted IDS |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Request for Refund | 2. Copy of US 6,255,419 B1 |
| <input type="checkbox"/> Response to Missing Part/Incomplete Application | | 3. Return Postcard |
| <input type="checkbox"/> Response to Missing Parts | | |

REMARKS

COPY OF PAPERS
ORIGINALLY FILED

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Or Individual name	Darrell E. Warner	Registration No.	36,046
Signature			
Date	August 20, 2002		

CERTIFICATE OF MAILING

I hereby certify having information and a reasonable basis for belief that this correspondence will be deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. P.O. 20231, on this date:

August 20, 2002

Typed or printed name	Tammy L. Hodges	Signature		Date	August 20, 2002
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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Application Number	09/864,756
Filing Date	May 24, 2001
First Named Inventor	McConville, et al.
Group Art Unit	1713
Examiner Name	Unassigned
Attorney Docket Number	1999U019D1.US

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DATE DOCKETED

12/31/2001

By *jak*

Total Number of Pages in This Submission

4

ENCLOSURES (check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Assignment Papers (for an Application) | <input type="checkbox"/> After Allowance Communication to Group |
| <input type="checkbox"/> Preliminary Amendment / Response | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> After Final Affidavits/declaration(s) | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition | <input type="checkbox"/> Proprietary Information |
| <input checked="" type="checkbox"/> Form-1449 | <input type="checkbox"/> To Convert a Provisional Application | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): |
| <input checked="" type="checkbox"/> Copy of Cited Reference | <input type="checkbox"/> Terminal Disclaimer | Postcard _____ |
| <input type="checkbox"/> Certified Copy of Priority Documents) | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Response to Missing Part/ Incomplete Application | | |
| <input type="checkbox"/> Response to Missing Parts | | |

REMARKS**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Or Individual name	Lisa Kimes Jones	Registration No.	41,878
Signature	<i>Lisa Kimes Jones</i>		
Date	December 31, 2001		

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I hereby certify having information and a reasonable basis for belief that this correspondence will be deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 2327, Arlington, VA 22202 on this date: **December 31, 2001**

Typed or printed name	Tammy Hodges	Signature	<i>Tammy L. Hodges</i>	Date	December 31, 2001
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